

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Four Weeks

Hospital, institution, or street address where death occurred:
Cambridge Maryland Hospital

How long in hospital or institution? Four Weeks2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Rural-Taylor's Island
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Taylor's Island
 (If rural, give LOCATION)

2. (a) If veteran, name war: - - - -

3. (a) FULL NAME

Raymond O. Abbott

3. (b) Social Security Number

- - - -

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife: - - - -

7. Birth date of deceased (mo., day, yr.) March 1, 1868 6. (c) If alive, give age - - - - years

8. AGE: Years 80 Months 8 Days 7 It less than one day - - - - hrs. - - - - min.

9. Birthplace Taylor's Island, Dor. Co., Md.
 (Town, county, and state)

10. Usual occupation Carpenter11. Industry or business House & BoatFATHER 12. Name Samuel K. Abbott13. Birthplace MarylandMOTHER 14. Maiden name Margaret E. Willey15. Birthplace Maryland16. Informant Mr. James L. AbbottAddress Taylor's Island, Maryland.

17. Burial Bethlehem Methodist Church Date thereof Nov. 10, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory yardLocation Taylor's Island, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.

19. 11-11-48 John Mace, Jr. M.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8, 1948, at - - - - M

21. I CERTIFY that death occurred on the date above stated; that it attended deceased from OCTOBER 2 1948 to Nov. 8 1948
 and that I last saw him alive on NOVEMBER 8 1948

Immediate cause of death CARCINOMA Duodenum
WITH METASTASIS LIVER

Due to: - - - -Due to: - - - -Other conditions SENILITY

(Include pregnancy within 3 months of death)

Major findings of operations: - - - -Autopsy results: - - - -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NO
 Accident, suicide, or homicide: - - - - Date of: - - - -

Where did injury occur? - - - - (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): - - - -Means of injury - - - - Injured at work? - - - -23. SIGNATURE E. J. O. Recker M. D. or otherAddress CAMBRIDGE Md. Date signed 11/9/48

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NOV 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11375

932

Reg. Dist. No. 111

1. PLACE OF DEATH:

County DorchesterCity or town East New Market
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind. County DorchesterCity or town East New Market
(If outside city or town limits, write RURAL and give nearest town)Street No. East New Market, R.F.D. #1
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Joseph Randolph Bradley

3. (b) Social Security Number

4. Sex Male5. Color or race Colored6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Feb 3 19028. AGE: Years 46 Months 9 Days _____ If less than one day _____ hrs. _____ min.9. Birthplace Ind
(Town, county, and state)10. Usual occupation Farm hand11. Industry or business Farming12. Name William H. Bradley13. Birthplace Ind14. Maiden name Minnie B. Pinkett15. Birthplace Ind16. Informant William BradleyAddress East New Market17. Buried Date thereof Nov 23 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or preparatory CemeteryLocation East New Market18. Funeral director H.B. WilloughbyAddress East New Market19. Nov 22 19 48 Elizabeth C. Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 21 1948 at 6 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 19 48 to Nov 21 48and that I last saw him alive on Nov 18 48Immediate cause of death Coronary heart failureDue to Atherosclerosis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work?

23. SIGNATURE W. Thompson M.D.
M. D. or otherAddress Cambria Date signed Nov 22 48

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11376

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Rural-Crapo
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 60 Years

Hospital, institution, or street address where death occurred:

Home-CrapoHow long in hospital or institution? - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-Crapo
(If outside city or town limits, write RURAL and give nearest town)Street No. Crapo
(If rural, give LOCATION)2.(a) If veteran, name war - - - -

3. (a) FULL NAME

Mary Ann Bramble

3. (b) Social Security Number

- - - -

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Noah H. Bramble
(Died 1904)6. (c) If alive, give age - - - - years7. Birth date of deceased (mo., day, yr.) March 21, 18598. AGE: Years 89 Months 8 Days 9 If less than one day - - - - hrs. - - - - min.9. Birthplace Bishops Head, Dor. Co., Md.
(Town, county, and state)10. Usual occupation Domestic11. Industry or business Home12. Name Clements Bramble13. Birthplace Maryland14. Maiden name Mary Murphy15. Birthplace Maryland16. Informant Mr. Herman C. BrambleAddress Crapo, Dor. Co., Maryland17. Burial Bethany Church Cemetery Date thereof Dec. 2, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Bethany Church CemeteryLocation Crocheron, Dor. Co., Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland19. 12-3 (Date rec'd by registrar) 19. 18 Jan 1949 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 30, 1948 at 6:30 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 7, 1948 to Nov 30, 1948and that I last saw him alive on Nov 27, 1948Immediate cause of death Chronic heart diseaseDURATION 2 yr.Due to ArteriosclerosisDue to ArteriosclerosisOther conditions - - - -

(Include pregnancy within 3 months of death)

Major findings of operations - - - -Date of op. - - - -Autopsy results - - - -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - - - - Date of - - - -Where did injury occur? - - - - (City or town) (County) (State)Injured at home, farm, industry, public place (where?) - - - -Means of injury - - - - Injured at work? - - - -23. SIGNATURE John E. Murphy M. D. or otherAddress Cambridge, Md. Date signed 12-2-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

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DEC 6 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
 County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 Days
 Hospital, institution, or street address where death occurred:
Cambridge Maryland Hospital
 How long in hospital or institution? 5 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Rural-Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. RFD # 3
 (If rural, give LOCATION)
 2.(a) If veteran, name war - - -

3. (a) FULL NAME G EORGE DUQUETTE
 3. (b) Social Security Number - - -

4. Sex Male
 5. Color or race White
 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Eileen Sheean

6. (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) March 22, 1882

8. AGE: Years 66 Months 7 Days 29
 If less than one day
 hrs. min.

9. Birthplace Chicago, Ill.
 (Town, county, and state)

10. Usual occupation Manufacturers Distributor

11. Industry or business Hosiery Manufacturer

12. Name Louis Duquette

13. Birthplace Chicago, Ill

14. Maiden name Fannie Filkins

15. Birthplace Chicago, Ill

16. Informant Mr. Rodney Benjamin

Address RFD # 3, Cambridge, Maryland

17. Burial Date thereof Nov. 24, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 11-27 19 48 John M. J.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 21, 1948 at 6:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/16 19 48 to 11/21 19 48

and that I last saw him alive on 11/21 19 48

Immediate cause of death MYOCARDIAL FAILURE

Due to CORONARY ARTERY

THROMBOSIS

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NO

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [Signature]
 Address Cambridge Md Date signed 11/23/48

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NOV 29 1943

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Worcester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 days
Hospital, institution, or street address where death occurred:
100 High Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Connecticut County Litchfield
City or town Tarrington
(If outside city or town limits, write RURAL and give nearest town)
Street No. 19 Main Street
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Kenneth A. Floriau 3. (b) Social Security Number

4. Sex Male 5. Color or race white 6. (a) Single, married, or divorced married

6. (b) Name of husband or wife Martha Catherine Gardner
Gardner 6. (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) April 14, 1902

8. AGE: Years 46 Months 7 Days 5 If less than one day
hrs. min.

9. Birthplace Tarrington, Connecticut
(Town, county and State)

10. Usual occupation Retired Salesman

11. Industry or business

12. Name Anthony Floriau

13. Birthplace Connecticut

14. Maiden name Grace Scinto

15. Birthplace New York State

16. Informant Mrs. Martha C. Floriau

Address Eastern Shore State Hospital
Cambridge, Maryland

17. Burial Date thereof Nov. 22, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Tarrington Cemetery

Location Tarrington, Connecticut

18. Funeral director Kenneth Thomas - Cambridge, Md.

Address Elmer North - Tarrington, Conn.

19. 11-22 1948 John Mace, Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 19th 1948 at 9:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
head on general 19...
and that I test saw h. dead on arrival 19...

Immediate cause of death Coronary Occlusion

Due to Rheumatic Heart Disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None Date of op.

Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of

Where did injury occur? None (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)

Means of injury Edridge H. Wolff, M.D. Injured at work?
acting deputy medical Examiner Donaldis

23. SIGNATURE Cambridge, Maryland M. D. or other
Date signed Nov. 20, 1948

MARGIN RESERVED FOR BINDING

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9-45-15M

VS A15

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NOV 24 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Sept 11, 1941
Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
How long in hospital or institution? Admitted Sept. 11, 1941

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Somerset
City or town ?
(If outside city or town limits, write RURAL and give nearest town)
Street No. ?
(If rural, give LOCATION)
2.(a) If veteran, name war ✓

3. (a) FULL NAME

Mary Funness
4. Sex F. 5. Color or race W 6.(a) Single, married, widowed, or divorced married

3. (b) Social Security Number

none

6.(b) Name of husband or wife Woodland Funness

7. Birth date of deceased (mo., day, yr.) July 26, 1876
6.(c) If alive, give age..... years

8. AGE: Years 72 Months 3 Days 29 If less than one day
..... hrs. min.

9. Birthplace Mt Vernon, Somerset & Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Thomas Williams

13. Birthplace Maryland

14. Maiden name ?

15. Birthplace ?

16. Informant Records State Hospital

Address Cambridge Md

17. Burial Date thereof Nov 27, 1941
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory John Wesley cemetery

Location Mt Vernon Md

18. Funeral director Dale Nashell

Address Princess Anne, Md.

19. 11-27-48 John Mace, Jr. M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 25, 1948 at 12:50 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 11, 1941 to Nov 25, 1948
and that I last saw her alive on Nov 25, 1948

Immediate cause of death myocarditis Chronis

Due to Generalized Arteriosclerosis

& Hypertension 1941?

Due to

Other conditions Institutional

Melancholia 1941?

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Robert Bertrand May, MD
M. D. or opid
Address Cambridge Md Date signed 11/25/48

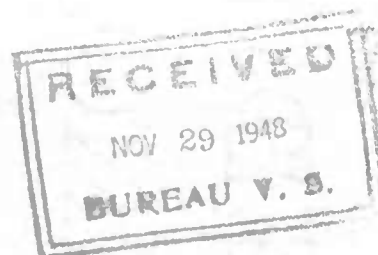
MARGIN RESERVED FOR BINDING

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9-45-15M

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: DorchesterCounty Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? AltogetherHospital, institution, or street address where death occurred:
19 A Cross Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Maryland County DorchesterCity or town Cambridge, N
(If outside city or town limits, write RURAL and give nearest town)Street No. 19 A Cross Street

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Huldah N. W. Hollis

3. (b) Social Security Number

218-20-7033

4. Sex

Female

5. Color or race

Negro

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Levin Hollis

7. Birth date of deceased (mo., day, yr.)

March 28 1901

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

47721

hrs.

min.

9. Birthplace

Cambridge Dor. Co. Md
(Town, county, and state)

10. Usual occupation

General laborer

11. Industry or business

Factory

MOTHER

FATHER

12. Name

William H. H. H.

13. Birthplace

Dor. Co. Md.

14. Maiden name

Beulah Nichols

15. Birthplace

Cambridge Dor. Co Md

16. Informant

Beulah Nichols

Address

Cambridge, Md.

17. (Burial, cremation, or removal, Which?)

Burial

Date thereof

Nov 22 1948
(month) (day) (year)

Cemetery or crematory

Bethel Cemetery

Location

Cambridge, Md.

18. Funeral director

Herbert H. Hollis Jr

Address

Cambridge, Md.

19.

11-22

19 x 8

John M. M. Jr.

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 19 19 48 at 7th P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

death on arrivaland that I last saw him death on arrival 19 48

Immediate cause of death

Acute Pulmonary Edema

DURATION

45 min.

Due to

Epilepsy, Idiopathic2-3 years

Due to

Other conditions

none

(Include pregnancy within 3 months of death)

Major findings of operations

none

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

Eldridge H. Wolff, M.D.23. SIGNATURE acting Deputy Medical Examiner

M. D. or other

Cambridge, Md.Date signed 11-22-48

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 115

11381

1. PLACE OF DEATH:
 County Dorchester
 City or town Rural-Fishing Creek
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Home-Fishing Creek
 How long in hospital or institution? ---

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Rural-Fishing Creek
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Fishing Creek
 (If rural, give LOCATION)
 2.(a) If veteran, name war ---

3. (a) FULL NAME
Solomon Garfield Lewis

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife ---

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1882

8. AGE: Years 65 Months 10 Days 25 If less than one day --- hrs. --- min.

9. Birthplace Fishing Creek, Dor. Co., Md.
 (Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Seafood

12. Name William H. Lewis

13. Birthplace Maryland

14. Maiden name Willie Ann Parks

15. Birthplace Maryland

16. Informant Mr. Winnie Adams

Address Fishing Creek, Maryland.

17. Burial Burial Date thereof Nov. 21, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Hoosier Memorial Cemetery

Location Fishing Creek, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. Nov. 20 19 48. James D. Meade
 (Date rec'd by registrar) LOCAL Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 18, 1948 at 5:20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 10 19 48 to November 18 19 48 and that I last saw him alive on November 18, 1948

Immediate cause of death Diabetes Mellitus DURATION 1 yr.

Due to ---

Due to ---

Other conditions none

(Include pregnancy within 3 months of death)

Major findings of operations none

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide --- Date of ---

Where did injury occur? --- (City or town) --- (County) --- (State)

Injured at home, farm, industry, public place (where?) ---

Means of injury --- Injured at work? ---

23. SIGNATURE James D. Meade M.D.

Fishing Creek, Md. M. D. or other Nov. 20/48

Address --- Date signed ---

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness of the certificate is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

138 11382
Reg. Dist. No.11.6

1. PLACE OF DEATH:

County... Dorchester
City or town... Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... DorchesterCity or town... Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 11 Dunns Lane
(If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

Leon Macky

3. (b) Social Security Number

4. Sex Male 5. Color or race Negro 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 19098. AGE: Years 39 Months Days If less than one day
.....hrs.min.9. Birthplace... St. Julian Creek
(Town, county, and state)10. Usual occupation... laborer11. Industry or business noneFATHER 12. Name John M. Mackey13. Birthplace unknownMOTHER 14. Maiden name Elizabeth Elliott15. Birthplace Elizabeth City, N. C.16. Informant Daisy GriffinAddress R. 2 Box 303 Pearl Smith V. A.17. Silent City Date thereof Nov. 20 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Cemetery
Cambridge, Maryland

Location

18. Funeral director Lewis H. BayneumAddress 201 Washington Street19. 11-23 19 48 John Mackey, Jr. M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 15 19 48 at 3 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 3 19 48 to Nov. 15 19 48and that I last saw him alive on Nov. 15 19 48

Immediate cause of death

Pulmonary Hemmorage

DURATION

Due to: Pulmonary Tuberculosis
(far advanced)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

M. D. or other

Address Cambridge Date signed 11-23-48

MARGIN RESERVED FOR BINDING

VS A15 9-43-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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DEC 1 1948

BUREAU V. S.

Evidence for addition
in #21 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

950

11383

FILM No. G 123 DEC 2 - 1949 CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Cambridge, Md. Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

Street No. 301 Willis St
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Ruth Wilson Majors

3.(b) Social Security Number

4. Sex

F

5. Color or race

W

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife H. Leon Majors

7. Birth date of deceased (mo., day, yr.) 12/16/1916

6.(c) If alive, give age 34 years

8. AGE: Years 31 Months 11 Days 3
If less than one day hrs. min.

9. Birthplace Dorchester County
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

12. Name Benj. E. Wilson

13. Birthplace Md.

14. Maiden name Sarah Jane Rhea

15. Birthplace Md.

16. Informant H. Leon Majors

Address Cambridge, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/21/48
(month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Md.

18. Funeral director Le Compte's Funeral Service

Address Cambridge, Md.

19. 11-23-48 John Mace, Jr. M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/19 48 at 2:15p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/19 48 to 11/19 48
and that I last saw h. ER alive on 11/19 48

Immediate cause of death
ACUTE MYOCARDIAL FAILURE
Due to ACUTE DILATATION OF HEART.

Other conditions Lab. and spontaneous delivery
5:50am - 11/19/48 [12/2/49 aka]
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NO
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [Signature] M. D. or other
Cambridge Md Date signed 11/24/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 26 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11384

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Hurlock

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 14 Years

Hospital, institution, or street address where death occurred:

Railroad Avenue

How long in hospital or institution? - - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Hurlock

(If outside city or town limits, write RURAL and give nearest town)

Street No. Railroad Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war - - - - -

3. (a) FULL NAME

Lula Dunn Milligan

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife Thomas M. Milligan

7. Birth date of deceased (mo., day, yr.) July 26, 1908

6.(c) If alive, give age 38 years

8. AGE:

Years 40

Months 3

Days 7

It less than one day

hrs. min.

9. Birthplace RFD, Vienna, Dor. Co., Md.

(Town, county, and state)

10. Usual occupation Registered Nurse

11. Industry or business Nursing

12. Name Ernest M. Dunn

13. Birthplace Maryland

14. Maiden name Minnie G. Gould

15. Birthplace Maryland.

16. Informant Mr. Thomas M. Milligan

Address Hurlock, Maryland.

17. Burial Date thereof Nov. 6, 1948

(Burial, cremation, or removal, Which?)

(month) (day) (year)

Cemetery or crematory Washington Cemetery

Location Hurlock, Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 11-6-48 19. 48

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 3, 1948 at 9:15P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1945 to November 3, 1948

and that I last saw him alive on November 3, 1948

Immediate cause of death

Brain Abscess (recurrent)

DURATION

3 yrs +

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underlie the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

W. C. Harrison MD
Hurlock Md.

M. D. or other

Date signed 11/5/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, INK UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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NOV 6 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 116

11385

97

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Cambridge Maryland Hospital

How long in hospital or institution? One Month, 21 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. Virginia Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mary Stewart Pearson

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Walter E. Pearson
(Died 1915)

7. Birth date of deceased (mo., day, yr.) April 13, 1860 6. (c) If alive, give age _____ years

8. AGE: Years 88 Months 6 Days 28 If less than one day _____ hrs. _____ min.

9. Birthplace Wicomico Co., Maryland
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Home

FATHER 12. Name Franklin Stewart

13. Birthplace Maryland

MOTHER 14. Maiden name Martha Mason

15. Birthplace Maryland

16. Informant Mr. N. E. Insley

Address Baltimore, Md.

17. Burial Burial Date thereof Nov. 13, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 11-16 19 48 John Mason Jr. M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 11, 1948 at 2 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-10 19 48 and that I last saw her alive on 11/11 19 48

Immediate cause of death

MYOCARDIAL FAILURE

DURATION

22 days

Due to ARTERIOSCLEROSIS
SENILITY

Due to

Other conditions LARGE DECUBITUS ULCER
HIPS AND BUTTOX.
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NO

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

Cambridge Md. M. D. or other _____
Address _____ Date signed 11/12/48

MARGIN RESERVED FOR BINDING

VS A15

9.45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 18 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11386

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Rural-Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Casons Neck-RFD # 3How long in hospital or institution? - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty DorchesterCity or town Rural-Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. Casons Neck-RFD # 3

(If rural, give LOCATION)

2.(a) If veteran, name war - - -

3. (a) FULL NAME

Laura A. Rhea

3. (b) Social Security Number

- - -

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

James R. Rhea(Deceased)

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.) May 27, 1875

8. AGE:

Years

Months

Days

If less than one day

73511

hrs.

min.

9. Birthplace

James, Dor. Co., Maryland

(Town, county, and state)

10. Usual occupation

Domestic

11. Industry or business

Home

FATHER

12. Name

Samuel Phillips

13. Birthplace

Maryland

MOTHER

14. Maiden name

Elizabeth Hubbard

15. Birthplace

Maryland

16. Informant

Mrs. Alex Seward

Address

James, Dor. Co., Maryland.

17.

Burial

Date thereof

Nov. 10, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Speddens Cemetery

Location

James, Dor. Co., Maryland.

18. Funeral director

LeCompte's Funeral Service

Address

Cambridge, Maryland.

19.

11-11-48

19

John Mace Jr. M.D.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8, 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

8/16 1948, to 11/8/48 1948.and that I last saw ER alive on 11/8 1948.

Immediate cause of death

INANITION

DURATION

6 WKS.

Due to

PSYCHOSES WITHGENERAL ARTERIOSCLEROSIS

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide NO. Date of NO.

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Cambridge Md M. D. or other 11/9/48

Address

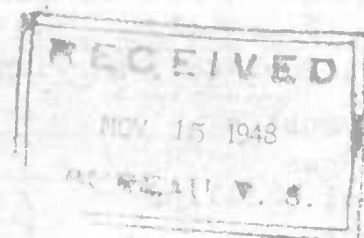
Date signed

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11.6

11387

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 19 days
Hospital, institution, or street address where death occurred:
Cambridge Sub. Hospital
How long in hospital or institution? 819 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Toddville
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME

Hattie A. Robinson

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Ronnie W. Robinson

7. Birth date of deceased (mo., day, yr.) Oct 20 - 1887 6. (c) If alive, give age _____ years

8. AGE: Years 61 Months _____ Days 20 If less than one day _____ hrs. _____ min.

9. Birthplace Shells Point
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business George Robbins

12. Name Ross Co

13. Birthplace Louise Beel

14. Maiden name Ross Co

15. Birthplace Joseph Robinson

16. Informant Toddville, Md.

17. Burial (Burial, cremation, or removal, Which?) Burial Date thereof Nov. 7 '48
(month) (day) (year)

Cemetery or crematorium Zion M. E. Churchyard

Location Toddville, Md.

18. Funeral director Kenneth R. Thomas

Address Cambridge, Md.

19. 11-9 19 48 John Maciej
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 5 19 48 at 7:35 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 22 19 48 to Nov 5 19 48 and that I last saw him alive on Nov 5 19 48

Immediate cause of death _____ DURATION
Myocardial Failure 1 day
Due to Myocardial Infarction 2 wks
Due to Left Bundle Branch Block 2 wks
Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Lawrence Maryanov, M.D.
M. Cambridge M. D. or other _____

Address _____ Date signed 11/5/48

MARGIN RESERVED FOR BINDING

VS A16 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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NOV 11 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11388

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

106 Muir Street, Cambridge, Md

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge, Maryland
(If outside city or town limits, write RURAL and give nearest town)Street No. 10 1/2 Cedar Street

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

John Edgar Robinson

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

Molly Hales

6.(c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

December 20 - 1863

8. AGE:

Years

Months

Days

If less than one day

841017

hrs.

min.

9. Birthplace

Cambridge, Dorchester Co. Md
(Town, county, and state)

10. Usual occupation

House Paperer

11. Industry or business

(Retired)

FATHER

12. Name

Josiah F. Robinson

MOTHER

13. Birthplace

Dorchester Co. Md.

14. Maiden name

May Eliza Marshall

15. Birthplace

Dorchester, County Md.

16. Informant

Mrs. Mary Andrews

Address

106 Muir St. Cambridge, Md.

17. Burial

Date thereof

11-8-48

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Cambridge

Location

Cambridge, Md

18. Funeral director

Kenneth R. Thomas

Address

Cambridge, Maryland

19. Date rec'd by registrar

11-9-48

11-9-48

John M. J. M.D.

(Date rec'd by registrar)

Cambridge, Md.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6 1948, at 8:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 1 1948, to Nov 6 1948and that I last saw him alive on November 5 1948

Immediate cause of death

uremia

DURATION

10 hours

Due to

arteriosclerotic Cardiovascular Renal Disease3 Mo. +

Due to

Other conditions Senility3 Mo +

(Include pregnancy within 3 months of death)

Major findings of operations

none

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

Eldridge H. Wolff M.D.

Address

Cambridge, Md.

Date signed

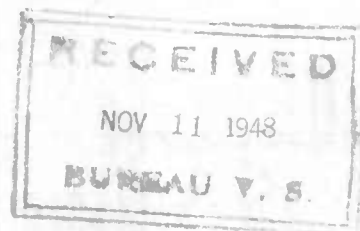
11-8-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15N

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County **Dorchester**
City or town **Cambridge**
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? **30 Years**
Hospital, institution, or street address where death occurred:
139 Mill Street
How long in hospital or institution? **- - -**

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State **Maryland** County **Dorchester**
City or town **Cambridge**
(If outside city or town limits, write RURAL and give nearest town)
Street No. **139 Mill Street**
(If rural, give LOCATION)
2.(a) If veteran, name war **- - -**

3.(a) FULL NAME

Dr. Joseph K. Shriver, Jr.

3.(b) Social Security Number

- - -

4. Sex **Male** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Married**
6.(b) Name of husband or wife **L. Maud Skinner**
6.(c) If alive, give age **71** years
7. Birth date of deceased (mo., day, yr.) **Dec. 3, 1876**
8. AGE: Years **71** Months **11** Days **9** If less than one day **-** hrs. **-** min.

9. Birthplace **Baltimore, Maryland.**
(Town, county, and state)
10. Usual occupation **Doctor**
11. Industry or business **Medical**
12. Name **Joseph K. Shriver, Sr.**
13. Birthplace **Baltimore, Maryland.**
14. Maiden name **Charlotte H. Looney**
15. Birthplace **Baltimore, Maryland**

16. Informant **Mrs. Maud S. Shriver**
Address **Cambridge, Maryland**
17. Burial **Burial** Date thereof **Nov. 14, 1948**
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory **Christ Church Eemetery**
Location **Cambridge, Maryland**
18. Funeral director **LeCompte's Funeral Service**
Address **Cambridge, Maryland**

19. **11-16** 19 **48** **John Maud, Jr.**
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **November 12, 1948** at **2 P.** M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **10/10/48** to **11/12/48** and that I last saw him alive on **11/8/48**

Immediate cause of death **Coronary occlusion** DURATION **5 min**

Due to **arterio-sclerotic Cardio-vascular disease** **10 yrs**

Due to **-**

Other conditions **Hypertension** **?**

(Include pregnancy within 3 months of death)

Major findings of operations **-** Date of op. **-**

Autopsy results **-** PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide **-** Date of **-**

Where did injury occur? **-** (City or town) **-** (County) **-** (State)

Injured at home, farm, industry, public place (where?) **-**

Means of injury **-** Injured at work? **-**

23. SIGNATURE **John Maud, Jr.** M. D. or other **-**

Address **Cambridge, Md** Date signed **11/14/48**

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 18 1948

BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 45 YearsHospital, institution, or street address where death occurred:
Cambridge Maryland HospitalHow long in hospital or institution? Twelve Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. Glasgow Street
(If rural, give LOCATION)2. (a) If veteran, name war - - - -

3. (a) FULL NAME

JANE KIRBY SMITH

3. (b) Social Security Number

- - -4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife D. Harford Smith6. (c) If alive, give age - years7. Birth date of deceased (mo., day, yr.) Jan. 23, 18968. AGE: Years 52 Months 10 Days - If less than one day - hrs. - min.9. Birthplace Baltimore, Maryland.
(Town, county, and state)10. Usual occupation Domestic11. Industry or business Home12. Name George W. Kirby13. Birthplace Baltimore, Maryland14. Maiden name Mary Hopkins15. Birthplace Baltimore, Maryland.16. Informant Mr. D. Harford SmithAddress Cambridge, Maryland.17. Burial Nov. 26, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Greenlawn CemeteryLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. John more J. m. 19 48
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 23, 1948 at 1:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 10 19 48 to Nov 23 19 48
and that I last saw him alive on Nov 23 19 48Immediate cause of death Pulmonary Embolism DURATION 5 minDue to Post Operation 11 days
coagulableOther conditions Gravid Melancholia ?

(Include pregnancy within 3 months of death)

Major findings of operations Cystocele Date of op. 11/11/48

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of - - - -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

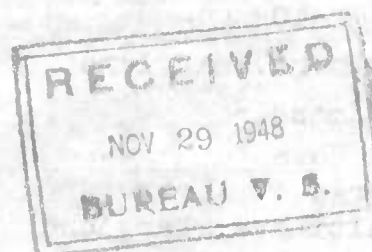
Means of injury Injured at work?

23. SIGNATURE John more J. m. M. D. or otherAddress Cambridge, Md. Date signed 11/24/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11391

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Rural-Sewards

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Home-SewardsHow long in hospital or institution? - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-Sewards

(If outside city or town limits, write RURAL and give nearest town)

Street No. Sewards

(If rural, give LOCATION)

2.(a) If veteran, name war - - -

3. (a) FULL NAME

Nora Bell Insley Smith

3. (b) Social Security Number

- - -4. Sex Female5. Color or race White

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Wm. Garfield Smith6.(c) If alive, give age 69 years7. Birth date of deceased (mo., day, yr.) Nov. 23, 18848. AGE: Years 64 Months - Days 2 It less than one day - hrs. - min.9. Birthplace Sewards, Dor. Co., Maryland
(Town, county, and state)10. Usual occupation Domestic11. Industry or business Home12. Name Thomas Elzey13. Birthplace Maryland14. Maiden name Sudie Hooper15. Birthplace Maryland16. Informant Mr. Wm. Garfield SmithAddress Sewards, Dor. Co., Maryland17. Burial Nov. 27, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Greenlawn CemeteryLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 11-27-48 John Mac, Jr. M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 25, 1948 at 12:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

MAY 23 19 47 to 25 NOV 19 48and that I last saw h. R. alive on 1 NOV 19 48Immediate cause of death CEREBRALHEMORRHAGE

DURATION

Due to HYPERTENSIONDue to - - -Other conditions - - -

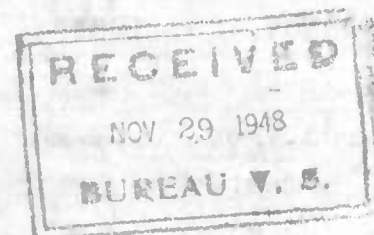
(Include pregnancy within 3 months of death)

Major findings of operations - - -Date of op. - - -Autopsy results - - -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide - - - Date of - - -Where did injury occur? - - - (City or town) (County) (State)Injured at home, farm, industry, pub'c place (where?) - - -Means of injury - - - Injured at work? - - -23. SIGNATURE Thos. E. Gunby, M.D.100 Church St. M. D. or otherAddress Cambridge Md. Date signed 26 Nov 48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 35 Years
Hospital, institution, or street address where death occurred:
Cambridge, Maryland Hospital
How long in hospital or institution? 7 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 411 High Street
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

GERTRUDE STANLEY

3. (b) Social Security Number

4. Sex Female 5. Color or race Negro 6.(a) Single, married, widowed, or divorced Widowed
6.(b) Name of husband or wife Charles Stanley
7. Birth date of deceased (mo., day, yr.) November 30 1882
6.(c) If alive, give age years

8. AGE: Years 65 Months 11 Days 14 If less than one day hrs. min.

9. Birthplace Beekwith, Dor. Co. Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Cyrus Hamilton

13. Birthplace Dorchester County

14. Maiden name Margaret Ward

15. Birthplace Dorchester County

16. Informant Leon Stanley

Address Cambridge, Maryland

17. Burial Burial Date thereof Nov. 17, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Waugh Cemetery

Location Cambridge, Maryland

18. Funeral director Hubert M. St. Charles

Address Cambridge, Maryland

19. 11-17-48 John Mace, Jr. M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 14 19 48 at 11 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 8 19 48 to Nov 14 19 48
and that I last saw him alive on Nov 14 19 48

Immediate cause of death

(1) Pulmonary edema

(2) Congestive heart failure

Due to Hypertension C.V.D.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE James A. Thompson M.D. M. D. or other

Address Cambridge, Md Date signed Nov 16, 48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 18 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 13 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 417 Henry St.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Margaret Blanch Stephens

3.(b) Social Security Number

4. Sex

Female

5. Color or race

white

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

Frederick W. Stephens

7. Birth date of deceased (mo., day, yr.)

Nov 27 1880

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

67117

hrs.

min.

9. Birthplace

New Vienna
(Town, county, and state)

10. Usual occupation

housewife

11. Industry or business

FATHER

12. Name

Joseph Bonadach

13. Birthplace

Dor Co.

MOTHER

14. Maiden name

Sarah C. Wilby

15. Birthplace

Dor Co.

16. Informant

Address

Mrs. Chas L. Brumwell417 Henry St. Camb. Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Nov 6 48
(month) (day) (year)

Cemetery or crematory

R. H. Market

Location

East New Market, Md.

18. Funeral director

Address

Kenneth R. ThomasCambridge, Md

19.

11-91948John M. J. M.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov 4 48 at 9:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3/10 1940 to 11/4 1948and that I last saw him alive on NOVEMBER 4 1948

Immediate cause of death

CORONARY ARTERY THROMBOSIS

DURATION

20 min.

Due to

ARTERIOSCLEROSIS

Due to

DIABETES MELLITUS

Other condition

GANGRENE BOTH FEETCHOLELITHIASIS
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NO

Accident, suicide, or homicide. Date of

Where did injury occur?

(City or town)

(County)

(State)

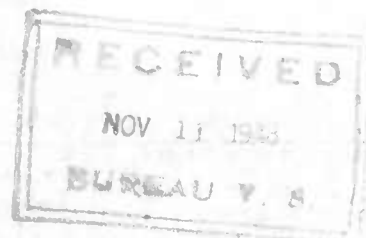
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Cambridge Md Date signed 11/5/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11394

Reg. Dist. No. 111

1. PLACE OF DEATH:

County DouglasCity or town East New Market
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Henrietta Thompson

3. (b) Social Security Number

4. Sex female5. Color or race negro6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife

7. Birth date of
deceased (mo., day, yr.)June 19, 1884

6. (c) If alive, give age _____ years

8. AGE:

Years 64Months 3Days 17

If less than one day

hrs. _____

min. _____

9. Birthplace

East New Market, Dou. Md.
(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

MOTHER FATHER

12. Name

Alexander Ross

13. Birthplace

East New Market, Md.

14. Maiden name

Losie Adkinson

15. Birthplace

East New Market

16. Informant

Linwood Thompson

Address

East New Market, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

11/18/48
(month) (day) (year)

Cemetery or crematory

East New Market

Location

East New Market, Md.

18. Funeral director

L.B. Willoughby

Address

East New Market

19.

(Date rec'd by registrar)

19. 1719. 48Elizabeth C. Smith

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Douglas

City or town

East New Market, Md. (Rural)
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

November 15, 1948, at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 19, 1948 to November 19, 1948
and that last saw her alive on November 12, 1948

Immediate cause of death

Carcinoma of lung
carcinoma of liver

DURATION

Month +
year +

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. C. Harrison MD

M. D. or other

Address

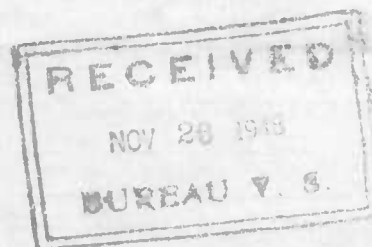
Hurlock Md.Date signed 11/15/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11305

1. PLACE OF DEATH:

County Dorchester
City or town Rural-Fishing Creek
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:
Home--Fishing Creek

How long in hospital or institution? - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
City or town Rural-Fishing Creek
(If outside city or town limits, write RURAL and give nearest town)

Street No. Fishing Creek
(If rural, give LOCATION)

2.(a) If veteran, name war - - - -

3.(a) FULL NAME

Alpheus Wallace Tolley

3.(b) Social Security Number

213-14-7608

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Sarah Elsie Creighton

6.(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) June 6, 1877

8. AGE: Years 71 Months 7 Days 4 If less than one day 5 hrs. min.

9. Birthplace Fishing Creek, Dor. Co., Md.
(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Seafood

12. Name Samuel Tolley

13. Birthplace Maryland

14. Maiden name Sarah Frances Wallace

15. Birthplace Maryland

16. Informant Mrs. James Simmons

Address Cambridge, Maryland

17. Burial Date thereof Nov. 14, 1948

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Hoosier Memorial Cemetery

Location Fishing Creek, Dor. Co., Md.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. Nov. 14 1948 James W. Meace

(Date rec'd by registrar) LOCAL Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 12, 1948 at 10:20 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 11 1948 to Nov. 12 1948.

and that I last saw him alive on Nov. 12 1948.

Immediate cause of death Cardiovascular Disease DURATION 5 yrs

Due to with acute Cardiac decompensation 2x w

Due to was carrying bag of feed on shoulder and got stuck in wire

Other conditions was carrying bag of feed on shoulder and got stuck in wire

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op. - - - -

Autopsy results - - - -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - - - - Date of - - - -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James W. Meace M.D.

Address Fishing Creek, Md. Date signed Nov. 14/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 18 1948

BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11396

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge R.F.D. #1
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 months
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge R.F.D. #1
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Benjamin Vaughn
 4. Sex Male 5. Color or race Negro 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Hattie Vaughn
 6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) June 25, 1877

8. AGE: Years 71 Months 4 Days 18 It less than one day _____ hrs. _____ min.

9. Birthplace Church Creek
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business none

12. Name Benjamin Vaughn

13. Birthplace Church Creek Mdo

14. Maiden name Caroline Carter

15. Birthplace ?? Maryland

16. Informant Grace Bishop

Address Cambridge Md.

17. Burial Date thereof 11-16-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Church Creek

Location Church Creek Md.

18. Funeral director Levin H. Banner

Address Cambridge Md.

19. 11-16 19 48 John Mearns
 (Date rec'd by registrar) Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-18-48 at 2:30 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-1- 19 48 to 11-13- 19 48
 and that I last saw him alive on 11-12- 19 48

Immediate cause of death Congestive heart failure
Due to Anteriosclerotic heart disease

Due to _____
 Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE J. Edwin Farnell M.D. or other _____
300 Ninth Cambridge Md. Address _____ Date signed 11-16-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 18 1948

BUREAU V. S.

RECEIVED

NOV 18 1948

BUREAU V. S.